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BRADFORD W. YOUNG, M.D.

FIFTY YEARS AGO.

AN ADDRESS

TO THE

GRADUATING CLASS OF THE MEDICAL COLLEGE OF THE PACIFIC FOR 1878,

By HENRY GIBBONS, Sr., M.D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

A. L. Bancroft & Co., Printers

"Fifty Years Ago," a yellowed document from Stanford's Lane Medical Library, is a printed copy of an address by Dr. Henry Gibbons, Sr., to the graduating class of the Medical College of the Pacific in 1878.

Dr. Gibbons, born in 1808, came to California in 1850 after many years of professional practice in the East. He arrived in San Francisco "by way of Panama. Six feet tall, thin, of dark eyes and hair, sedately dressed, he began thirty-four years of service to the people about him, a people who were bewildered, wealth-mad and socially unintegrated."

Cholera struck San Francisco soon after Gibbons' arrival; he offered his services and "personally cared for the victims of the epidemic. From this period, Dr. Gibbons was engaged in medical practice in which he enjoyed more than the average share of public favor."

In 1861, Gibbons took a chair in the Medical Department of the University of the Pacific, the first medical college organized west of the Rocky Mountains, which was begun in 1859 by Dr. Elias Samuel Cooper. Gibbons lectured in Materia Medica and Therapeutics, and "his utterances as a teacher, besides being clear and logical, ever bore the stamp of honest and earnest conviction, and these as well-proven verities, which a truthful heart had tried and proven. . . ."

Elias Samuel Cooper died in 1862, and the activities of his original school were suspended in 1865. But his aspirations toward medical education in the West lived on through his talented nephew, Levi Cooper Lane, who reorganized the school under the University of the Pacific in 1870 and eventually founded the Cooper Medical College in [1]

Although Gibbons continued to teach until the very year of his death, he also worked in other fields. During the last 20 years of his life, he published the *Pacific Medical and Surgical Journal*, of which a contemporary said: "It was a labor of love, without monetary compensation. . . ." Other organizations which "knew his presence by service" were the Academy of Sciences, the Mercantile Library, the Society for Prevention of Cruelty to Animals, and the State Prison Commission. A resolute Quaker, Gibbons "never relented in his campaign against alcohol." On the other hand, "his compassion for the drunkard amounted even to a fault." He was instrumental in the formation of the State Board of Health and the Board of Medical Examiners in California's early history, and in 1857 and 1871 he was president of the California Medical Society.

The Gibbons connection with Cooper Medical College was not broken when Henry, Sr., died in 1884. His son, Henry, Jr., became dean in 1870 and "continued in this position for an amazing 41 years, until his death in 1911. . . ." In the following year, Stanford University assumed complete responsibility for Cooper Medical College.

This specially reprinted copy of "FIFTY YEARS AGO" is presented to the members of the 1912, and last, class of Cooper. It is hoped that for the recipients it may set a stage for their reflections on the 50 years since they were graduated and on the antecedents of their school and profession.

Stanford University
December, 1962

ADDRESS

TO THE

GRADUATING CLASS OF THE MEDICAL COLLEGE OF THE PACIFIC FOR 1878.

By HENRY GIBBONS, Sr., M.D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

FIFTY YEARS AGO.

There is no law written or unwritten prescribing rules or limits to a farewell address to a graduating class. In this I rejoice, because it is my intention on the present occasion to take a course which critics might carp at if I had not so free a license. For five long months, you have been sitting daily at the students' table, your plates supplied continually with educational solids by no less than ten professional cooks, until, even if your mental digestion be unimpaired, I am sure your appetites are temporarily sated, and that you will not complain if for once I serve you up a light meal of knick-knacks from the confectioner's.

Half a century of professional service has forced on my observation many changes in medical practice and theory. There are reminiscences also of still earlier days, bearing on your chosen pursuit. It has occurred to me that you might be interested, if not more or less instructed, by the recital of some of these ancient recollections.

It is rather curious that the first incident of my life on record in my memory is blood-letting. I can see myself at this moment as I lay in my mother's lap, a mere infant, aroused from sleep to behold a stream of blood flowing from my arm, and my father, who was a physician, standing by with the murderous lancet in his hand. I had hooping-cough, as my mother informed me many years afterwards, and was not more than two years old. Much as bleeding was practiced in those days, there is no doubt there was something more than simple hooping-cough—some inflammatory complication—which was thought to require it. That I survived the process is evident.

And here let me interpolate the idea that the most indelible impressions on the mind of a child—those best remembered in after-life—are made by fear or terror, not by pain or pleasure. Of scores of incidents which befel me in the first four or five years of childhood, and which are as fresh in my mind as at the moment of their occurrence, scarcely one but was branded on the tablet by fright or dread. The corpse of a relative prepared for the grave with pennies on the eyes—the absence of my parents at the funeral associated with the idea that they were to be buried and that I should never see them again—dread of the rattling of the windows at night, which my nurse had told me was occasioned by the rats—falling before a horse in the street —disjointing the leg of a pet kitten by throwing it on the floor—such and such only are the ineffaceable records of my childhood. Next to fear, I think shame or mortification is the most powerful mordant. Most tenaciously has memory held fast to a punishment in this direction inflicted at an infant school, where I was compelled publicly to kiss one of the girls! Perhaps the hint might be turned to account in the training of children, that moral, not physical, impressions are thus lasting. My father was a rigid disciplinarian and I have no question made me feel the penalties of the law; and though I can remember a rich experience in this line when I had grown to rampant and rebellious boyhood, I have not the slightest recollection of parental chastisement during the first eight or ten years of life. I do remember however having suffered the *fear* of punishment when a mere child. I had called my grandmother a bad name and she threatened to tell my parents on their return—for they were absent for the day. The good old woman did not report

my offense—she did not intend to. But I suffered severely from apprehension. Had I been punished, it is quite probable, so curious is the working of memory, that the physical pain would have effaced all traces of the entire transaction.

The physicians of my native town were associated in what was called the "Medical Club of Wilmington," which met at the houses of the members in succession. The order of business was: First, the settling of quarrels; second, the discussion of medical questions; third, an oyster supper. Dr. James Tilton, one of the chief surgeons in the American army in the last war with Great Britain, was president of the club. He stood in the foremost ranks of the profession in his day, and besides, took much interest in fruit-culture. He was the first writer to describe the nature and habits of the curculio, so destructive to certain fruits. I recollect being kept waiting for my dinner one day, when a hungry school-boy, on account of my father having gone "to help cut off Dr. Tilton's leg." The doctor had what was called a "white swelling" of the knee-joint, for which the leg was amputated.

When the club met at my father's house, I was allowed the privilege of sitting up after my usual bed-time, to attend the meeting—that is, to come in at the end of the supper, for I could best appreciate that portion of the exercises. One meeting was occupied in settling a quarrel between two of the members whose names I could now mention; and my impression was that much time was needlessly spent on the subject. Dr. Tilton always presided at the table. He had extraordinary qualifications for that purpose. He had a laugh which was known as "Dr. Tilton's horse-laugh," and which it used to be said could be heard a mile.

About the year 1821, malarial fevers, which had hitherto been restricted in their annual visitation to the marshes and low lands immediately south of Wilmington, made a sudden irruption upon the high lands, and prevailed to an extent unknown before or since. The type was intermittent and remittent, the former tending speedily, if not arrested, to run into the latter, and the latter, in a large proportion of cases, prolonged into what was called typhoid. I wish to mention a circumstance which will prove that the statement often made that the old doctors of fifty years ago bled for everything, is not true. At the close of the

epidemic referred to, I have a distinct recollection of my father's remarking that he had had between one hundred and forty and one hundred and fifty cases of remittent fever during the season and had bled only in three instances; further, that he had lost but three patients and neither of those had been bled.

Peruvian bark was then the only efficient anti-periodic. Quinia and its associate alkaloids had not been discovered. One ounce of cinchona during the intermission, was the prescription in ague. Patients generally had the choice of taking it either in the form of infusion or powder; if in powder, a teaspoonful every hour for eight hours, which made up the ounce. In many instances the stomach would not tolerate such dosing, and substitutes were sought. I was the victim of numerous experiments in this direction, taking in turn iron, arsenic, charcoal, and even pills made of the web of the black spider, which has at various times had a high reputation as a cure for ague. But they all failed and I was forced back on the nauseating bark. Being the oldest son and apparently destined to tread in my father's footsteps, it occurred to my boyish mind that to make the bark into pills would be a good beginning for a medical education. And so I took a teaspoonful and mixed it with molasses, getting the mass too thin at first and then too thick, and winding up with the manufacture of thirty odd huge pills. All these I swallowed one after another, not without effort towards the last; and then the hour had come for the next dose. This terminated my interest in bark pills.

The discovery of quinia by the French chemists in 1820 was a blessing to humanity of incalculable value. A long time elapsed before it was manufactured in sufficient quantity and cheap enough for general use. I was the first person in the state of Delaware to take a dose of quinine. I was suffering severely with an obstinate quotidian, and unable to take the bark. My father wrote to Daniel B. Smith, a leading chemist and pharmacist in Philadelphia and one of the founders of the Philadelphia College of Pharmacy, requesting him to send by mail some of that new preparation of bark recently discovered in France. When it arrived, it was a matter of great curiosity. That eight grains of the white powder could do the work of an ounce of bark and arrest an intermittent, was scarcely credible. Chemistry was then just beginning to separate the active prin-

ciples of drugs and hand over to medical practice the invaluable alkaloids. The quinine was carefully weighed out, just eight grains, and dissolved in an ounce of water with ten drops of aromatic sulphuric acid. The utmost care was taken not to give it during fever. The fever having passed off, a teaspoonful every hour was cautiously administered. The next day, as the chill hour approached, my father watched anxiously for the result, and he was delighted that I entirely escaped—not more delighted however than myself.

For some years quinine was costly and scarce. So late as the winter of 1827-8, Professor Chapman, of the University of Pennsylvania, said to his class, as I find by referring to my manuscript notes made at the time, that if it could always be obtained, he would recommend nothing else to arrest the ague. It continued to be given with great caution, and only in the absence of fever. From eight to twelve grains was the limited quantity. According to my recollection, this dose was more decidedly and permanently effectual than the larger doses now employed. But the older doctors always prepared their patients for it by a mercurial purge, or an emetic, or a few blue pills. They had an eye to the condition of the liver and spleen and other organs which suffer from malarial disease. Their practice in this respect might well be imitated by the present generation of practitioners, who too generally depend altogether on the one remedy in the treatment of intermittent fever.

"The doctors in old times bled for everything"—so the story goes at present. But within the scope of my observation, they did no such thing. When a mere lad, my father trained me to do his bleeding. It was far from a mere mechanical art, indiscriminately practiced. Certain conditions were held indispensable, chief of which was a hard, corded pulse, indicating inflammation. The quantity of blood to be taken depended on the effect, to determine which the pulse was closely watched. The pulse was formerly studied much more closely than now. They relied on the *taxis eruditus* to detect conditions not revealed by the sphygmograph. What we, of this advanced period discover by instruments—by machinery, as it were, our fathers discovered by observation and study. Their estimate of the grade and the progress of a case of fever, founded on diligent investigation of all the conditions, subjective and objective, was quite as

available in regard to treatment as that which depends on the clinical thermometer.

That blood-letting was abused in former times can not be denied. But that so much mischief resulted as is alleged, or that the operation is capable of doing serious injury in a majority of cases to persons sick or well, are opinions which those only will hold who know nothing of it by personal observation. Multitudes of people were formerly bled once a year, on the return of spring, not because they were sick, but from the idea that they required it as a preservative or preventive. I have no doubt many were really benefited and very few injured. Women were bled during pregnancy as a safeguard; and particularly if they had pain in the head. That this practice was a protection against coming danger or disease, will scarcely be disputed.

When I was a student I was much annoyed by sleepiness and headache, which interfered with my studies. I bled myself and was so much relieved that I was led to repeat it when occasion required. Again and again, before going to bed, I would tie up my arm with the assistance of a younger brother and take a good sixteen ounces, rising afterwards in the morning fresh and vigorous. My arm bears the marks of at least twenty-five or thirty of these self-inflicted operations. This is narrated, not for the purpose of example or commendation, but merely to demonstrate what the present generation would scarcely believe, that a human being could survive such treatment. On looking back and attempting to trace the effect, I can not see that the practice reduced my force or in any way impaired my health or tended to shorten my life.

Bleeding was formerly practiced in the various forms of colic which resisted immediate means, with the idea of preventing inflammation. I remember when a boy that my father was once confined to his room for a day or two with lumbago, and placed his patients meanwhile in charge of a medical friend. One patient was reported as having violent and intractable colic, for which a copious bleeding was resorted to. A second bleeding was instituted without relief, and then my father suggested hernia, which was found to exist. An operation was the only recourse, and a consultation of surgeons assembled for the purpose. But the man persistently refused to be "cut open," and was left to his fate. Next morning I was sent to inquire if he was alive.

Instead of being dead, he was well. The stricture had yielded spontaneously in the night. The copious bloodletting had no doubt prevented inflammation and gangrene which would otherwise have ensued, and thus saved the man's life. I suggested to my father the publication of the case in a medical journal; but he answered that the case was exceptional and the report of it might do mischief by deterring from the operation.

When I was a student Broussais loomed up as a giant in medicine. His theory of disease was called "physiological." He traced nearly all morbid processes to the stomach and intestines, where an inflammation of the mucous membrane, or a *gastro-enterite*, took the initiative. Broussais was a very eloquent lecturer and captured his audience without an effort. It was said that on one occasion he declared that three fourths of the human family were suffering from gastro-enteritis without knowing it, the first symptoms consisting simply of a slight sense of warmth in the stomach, a slight degree of thirst, and a slight redness of the tongue and dryness of the mouth. Under the impression of his enthusiasm, the students after the lecture began to subject their tongues to one another's inspection, and to contemplate their own sensations. The result was that half of them discovered a lurking gastro-enteritis, and went home sick, eating no dinner and swallowing nothing but barley water, for this was the master's formula. Next morning starvation had reddened their tongues in reality and confirmed the diagnosis. It was added that Broussais had a busy day in visiting his neophytes who sent for him from all directions.

Professor Samuel Jackson entered the University of Pennsylvania as a lecturer on physiology about this time. He was an ardent disciple of Broussais and not less enthusiastic in support of the new physiological doctrines. Prior to that period however the old humoral pathology, which traced the origin of diseases mainly to the blood, was fast waning. John Redman Coxe, professor of materia medica, was its last public defender, and he went down like a hero with the sinking ship. Chapman taught the doctrines of solidism, which regarded the solid parts of the body as the first recipients of morbid action; and he was in the ascendant. Little did Chapman think, in that day of his triumph, that before his students were all dead solidism would vanish into smoke; nor Coxe, that the blood would resume its

place all over the world as the channel for the introduction of disease.

Under the impulse of the new doctrines, Professor Jackson wrote a rather voluminous work entitled "The American Practice of Medicine." But how fruitless may be the labor of a great mind, yielding to the force of enthusiasm, imagination, novelty, fashion! Scarcely had the book been issued from the press when the author disapproved of his own work, and it was said bought up the edition. It was the only volume that Jackson ever wrote, and its existence is now well nigh effaced from human history.

Permit me to relate a little anecdote of Dr. Coxe. The students wanted a week of holidays at Christmas, and appointed a committee to solicit the favor. I was one of that committee. We arranged the list of professors in a certain order for the work, Coxe not being at the head;—for students are always expert in the diagnosis of a professor's heart. We called on the members of the faculty one after another, and were surprised at the alacrity with which they consented to our wish, though there was something suspicious in the question which invariably followed: "Have you called on Dr. Coxe?"—At last we visited Professor Coxe. His answer was explicit and positive. "Cui bono? gentlemen, cui bono? If you can tell me cui bono? I will consent. No, gentlemen! I have been lecturing in the University thirty years, and I have absented myself from a lecture only on one occasion, and that was when I had to go to the funeral of my grandmother." No application for holidays was ever afterwards made until the venerable professor of materia medica had taken his departure.

To return to the subject of blood-letting—several causes conspired to discourage the practice. The abuse of it had some effect. Then a number of medical or quasi-medical sects appeared, which sought, in the universal spirit of trade, to build themselves up by abusing their competitors—homeopaths, hydropaths, Thompsonians, etc. And then it was time for a change of fashion—for medicine has its fashions like everything else. It takes longer to change them however than to change the fashion of dress—say twenty-five to thirty years. If a graduate in medicine were sure of living thirty years, it would be politic not to change his opinions with the crowd. He would find himself right by and by without budging.

An illustration of the extreme prejudice against bleeding came under my notice soon after the beginning of my practice. A Thompsonian doctor came to Wilmington to lecture on his system—or which was the same thing, to lecture against the regular practice. He denounced the doctors with the ferocity of a sand-hill orator and challenged all the regulars in Christendom to personal combat. The zeal and pugnacity of a youthful novitiate inspired me to defend the profession, and I incautiously placed myself in a position from which I could not recede without discredit. There was nothing left for me but to fight it out publicly. In the course of my defense, in order to show the necessity of blood-letting in certain cases, I pictured a man on the verge of apoplexy—his head throbbing violently from the pressure of blood—his arteries and veins distended with the superabundant fluid—his heart struggling heavily to impel the stagnating current through the channels of circulation—his face turgid and almost black with the accumulating blood, which was prepared in a moment to burst into the brain and hurl him to destruction—"What would you do in that case?"—I exclaimed. He answered with solemn emphasis—"I would pray God to have mercy on his soul." The victory was mine, for the audience expressed their decided preference, in that instance, to bleeding over prayer.

In common with the profession generally, I gave up the lancet some thirty years ago—nearly but not entirely. I am satisfied however that the extreme of disuse has done as much harm as did the opposite, if not more. Have we not seen serious, perhaps fatal, attacks of brain disease averted by bleeding from the nose—nature, not man, prescribing? How often does a hemorrhage from the lungs give temporary relief in pulmonary disease? You have seen a patient in the hospital who had such a hemorrhage six months ago, and which was regarded as a bad omen. But he improved afterwards and has been markedly better ever since. You remember the man in ward K, who was brought in to die—unconscious, unable to speak, or to swallow, or to move—in short, thoroughly comatose. Not a word of his history could be learned. Whether it was worth while to subject him to treatment was the question. But he was cupped on the back of the neck and a few ounces of blood taken, when he began to revive. He showed signs of pain in the head and was

cupped again, several times. Gradually his consciousness returned and then his speech, but it was a long time before he could stand or walk. You recollect my bleeding him in the arm one day when he complained of his head, and how he was relieved by it, and how he several times hinted that he would like another bleeding. That this patient would have died without cupping or something equivalent, is as sure as anything can be in prognosis.

About ten years ago I had a patient suffering with acute pulmonary congestion. He was breathing with great difficulty as he sat up in bed, and unable to make full inspiration. A consulting physician who was called in, advised whisky and quinine, to give a fillip to the heart as he said, so that the heart should be better able to drive the congested blood through the lungs. Although I thought this would only increase the difficulty, I waived my opinion and prescribed the whisky and quinine. In a few hours I was summoned again to the patient, and found him gasping for breath and his face almost livid. My associate was not on hand and I was compelled to take the entire responsibility. Addressing the sufferer, I said to him: "My father who has been in his grave twenty years has been whispering in my ear all day—Henry, why don't you bleed that patient?" I expected an emphatic negative, particularly as he was an Irishman, for of all nationalities an Irishman most dislikes to be bled, except in a certain manner. To my surprise he assented to the proposition; and in a very short time a copious stream was flowing from his arm. Presently he exclaimed as he drew a deeper breath—"Why, doctor, I can breathe better already!" And so he continued to breathe more and more freely as the lungs were relieved of their burthen and the circulation through them restored. With my finger on the pulse I awaited the moment of complete relief and then tied up the arm, having taken about twenty-four ounces. He lay down in bed, which he had not been able to do for two days, rested in perfect comfort, had no return of the difficulty, and in four or five days was walking the street. The relation of cause and effect was never more palpable than that of bleeding and cure in this instance. The patient, now a venerable gentleman of three score and ten and presenting the appearance of health and vigor, often meets me

in the street and greets me with the remark—"it's *that* bleeding saved my life." Such illustrations of the efficacy of blood-letting will invite from olden-time doctors a smile, as being commonplace and too familiar for recital. In truth there is not in the whole range of therapeutics a fact better established than the remedial power of venesection in disease, even to the extent in many cases of emergency, of saving life.

The loss of blood, by accident or otherwise, inflicts no lasting injury on a man whose blood-making machinery is in good order. What would be the effect if every individual in the present audience who is in the enjoyment of ordinary health, should be bled to-night, to the extent of eight or ten ounces? The probability is that no one would sleep the worse for it, and that no one would feel the weaker on rising for the duties of to-morrow. On the contrary many would feel lighter and better. There would be an immediate demand on the organs of digestion and assimilation to repair the loss. This would improve the appetite and invigorate all the physiological processes. Persons bleed almost to death from injuries, but recovery is complete and no permanent evils ensue. We may say of blood-letting what an old writer said of an occasional debauch—that it is "a good fillip to the constitution." I trust however that I shall not be considered as recommending either expedient for this purpose.

There is nothing peculiar in the views I have expressed regarding the disuse of venesection in modern practice. For some years past such views have been gathering force in various quarters, and the medical journals in different parts of the world indicate very clearly a disposition to resume the former practice under rational restrictions.

Topical blood-letting, by cupping and leeches, has never been so nearly discarded as general. But the fact that a very large number of practitioners have repudiated both alike, shows to what an extent medical practice has been influenced by an unprofessional and irrational prejudice.

Among the "lost arts," there is one the abandonment of which I condemn without qualification. I refer to the cutting of the gums in dentition. In discarding this simple expedient, our profession have thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to

it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and more still the intolerable itching which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it; for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice, and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. On the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child I remember who would run to meet me as I entered the house and open its mouth to invite what experience had taught it would relieve its suffering.

By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous procedures. It is sufficient to scarify the swollen tissue in one direction, to relieve the tension and remove a few drops of blood from the engorged vessels.

Another bugbear of the period is calomel. In a former age the preparations of mercury were among the chief weapons of quacks. With them they performed their cures and built up their fame and fortune. Quacks of a later day discovered their interest in waging war against their old friend. In the early part of the present century mercurial preparations had grown into favor with physicians in all parts of the world, and calomel was administered by them habitually and recklessly. Outside of the profession it was used still more inconsiderately and lavishly. It would have been impossible for any other than a powerful and useful agent in the treatment of disease to gain and hold the popularity which it enjoyed. The evil was in its abuse. In chronic diseases, when other means had failed, it was a last resort. No person was allowed to die without giving calomel a chance of saving his life. Now and then a poor fellow rescued from death probably by salivation, lived to exhibit

the evil effects on his teeth and bones. Had he been permitted to go down quietly to the grave as would be done at the present day without poisoning him with calomel, the anti-mercurialists would have had no such target for their shafts.

The popular clamor against mercury, like that against bloodletting, instigated mainly by ignorant camp-followers on the skirts of the profession, gradually gained an influence over medical practice; one half the faculty honestly adopting the prejudice, the other yielding passively to the popular will. And so the good was thrown away with the bad. It were well for us, in the spirit of true philosophy, to gather up all the fragments of ancient medicine which are worthy of conservation, and to avoid extremes of use and disuse. And in this relation, we may well inquire whether the old practice of giving a dose of calomel in the onset of febrile attacks in children had not its advantages. Seldom can we determine in these cases what form the malady will take. It may be an ephemeral fever merely, it may be some specific or eruptive form. A single dose of calomel seldom—we might almost say never—salivates a child or produces any serious effects. Under these circumstances, its administration may do great good by removing hurtful matters from the body, arousing the action of all the organs concerned in digestion, and fitting the system for whatever subsequent treatment may be required. No other agent of the materia medica is capable of doing this as effectually.

Now for an item of family history under the old practice. I was the first-born of thirteen children—for my parents had not that hatred of offspring that characterizes the women of China, California, and some other countries styled "Christian" at the present day. In my father's daily absence I was the home physician, from earliest student life. Croup, convulsions, measles, whooping cough, typhoid fever, summer complaint, are stamped on my memory as continual visitors of the household. All were treated under the old system—bleeding, blistering, calomel, antimony, lancing the gums, and what not; and although the messenger frequently knocked at the door, yet there was not a death among us for fifty years after my birth. My mother, about the age of thirty-two, suffered from hepatic disease which held her life in suspense for some time, and for which she was salivated. She lived afterwards an active and

vigorous woman, to the age of eighty-three. Half of her flock of children were born after her sickness and salivation, and they have given no indications of inherited evil.

In the early years of my practice I so far yielded to the prejudice against calomel as to refrain from prescribing it unless in my belief there was a special occasion for its use. I followed this course in the rearing of my own children, one or two of whom I believe never took a grain of mercury in any form, whilst it was repeatedly administered to others. I have never observed a shadow of evil from its use on the one hand, nor of good, on the other hand, from the abstention.

It was formerly the practice, in chronic disorders which had resisted other treatment, particularly in those of the viscera implicating the liver, to institute a course of mercury. Calomel or blue pill was given until its constitutional effect appeared in the mouth, or until "the gums were touched." The patient was kept in this condition for a longer or shorter time, according to circumstances, care being taken to avoid downright salivation. Not unfrequently the disease would begin to give way as soon as the constitutional effect of the mercury appeared. That lives were frequently saved by these means and health measurably or completely restored, I have not the least doubt. Nor do I doubt that lives are lost in our present advanced "physiological" practice, which would be saved by the mercurial treatment. "Empirical"—it may be called, or experimental, if you desire a more respectable term. The *modus operandi* you may not be able to explain. But if your patient have exhausted your systematized skill, and is manifestly going down to the chambers of death in spite of your science, your well-studied physiological and pathological deductions, and your well-applied therapeutics, I would advise you not to discard remedies because they rest merely on dull experience and because you can not see the why and wherefore of their action.

As with venesection so with mercury, the tide is turning. But a few years ago the latter was discarded by many practitioners in the treatment of the most loathsome scourge of modern civilization. Now, such ultraism is abandoned, and I do not know of a single writer or teacher of distinction who does not acknowledge the propriety of its use. That an agent possessed of the power to control and eradicate such a disease is not

adapted to other purposes, is a proposition too absurd for consideration.

Another victim of popular prejudice is antimony. The crusade against antimony did not begin in the profession. It had no foundation in rational therapeutics. On the contrary, it was started by ignorant sectaries—ignorant at least of medical science, such as the Thompsonians, Eclectics and Botanics. The chief argument against antimony was that it did not enter into the composition of the human body. On this ground all metallic medicines were discarded by the Botanics. There is nothing new in this style of reasoning. Centuries ago, iron was looked on as so dangerous a substance, that if it should be inadvertently taken into the stomach, a magnet was to be swallowed to prevent its entrance in the blood.

The clamor against antimony at length began to modify regular practice, and many physicians discarded it, substituting ipecacuanha. There was much reason for abating its lavish use; for, like calomel, it was often administered improperly, and much more so by the people than by the profession. When I was a student in a drug store the common emetic was tartarized antimony, and it was kept put up in powders of six grains, with printed directions to dissolve in six table-spoonfuls of water and take a spoonful every twenty minutes till it should cause vomiting. This was the popular practice. Physicians always discouraged such harsh medication. Indeed, the censure which sectaries and others are fond of throwing on the regular school of medicine, that it encourages dosing and drugging, has never had a foundation in truth. On the contrary, the reverse is true. Physicians have always been conservative in this respect, and the habit of dosing and drugging belongs to the people and is discouraged by the profession.

You will not understand me as proposing a return to the old practice, with its too great reliance on the "antiphlogistic system," and its too careless use of blood-letting, mercury and antimony. My protest is against discarding any active agent in consequence of its abuse; still more, in submission to popular prejudice. To eject from the materia medica any agent which possesses active therapeutic properties, is the rankest heresy of which a regular practitioner can be guilty, whether the condemnation be founded on the abuse of the remedy or any

other consideration. Were it otherwise, first and foremost should alcohol in every form be expelled forever. For what is there so abused, what is there so destructive to health and life? And yet there are physicians who, recoiling from the idea of abstracting a few ounces of blood or administering a dose of calomel, will drug their patients with whisky as though it were a universal panacea.

Were the lancet and mercury and antimony now for the first time brought in view as remedial agents, their power for good would be promptly discovered and recognized and the world would soon be ablaze with their trancendent merits. Physicians everywhere would arm themselves with the "NEW REMEDIES," and shout their triumph over the angel of death. Some modern Basil Valentine would rise up to write another "Currus Triumphalis Antimonii,"—women would run after the doctors and beg to be salivated—blood would flow in streams as it did in the last century in England, when the "Whitworth Doctors" advertised to bleed gratis every Sunday morning, and people came by the hundred and sat on either side of a long trough twenty or thirty in a row, whilst one doctor passed along to tap the vein and the other followed by the clock with the bandage. It is a great fault of our profession that we tire of old things because they are old and catch at new things because they are new. We allow an acknowledged leader in our ranks to foist upon us a new theory or a new treatment with the facility of a Parisian milliner who dictates the cut of a garment or the shape of a bonnet. Novelty passes for progress and originality for merit. In the theoretical department especially we let others think for us. How few physicians are there, for instance, who possess a proper understanding of the germ theory of disease now so popular. We adopt opinions and bind ourselves to them like a crowd at a town meeting, who vote on a resolution. A few vote in the affirmative and yet fewer or none at all in the negative, and the proposition is adopted and forthwith it becomes the creed of the mass. This is the reason why medical theories are so uncertain and fluctuating. This is the reason why we are so constantly changing front before the world. "Sell your weather-vane and buy an anchor," was the pithy advice once given to a versatile personage. Medicine needs more of the anchor—more stability, more conservatism, more solid deliber-

ation before shifting its course, and more resistance to the ever veering gales of novelty and fashion.

I know there is danger in attempting to hold fast to anything old, however good, against the popular tide. Such words as *progress* and *advanced thought* captivate the mind and carry away the crowd. Let a man who would think before acting hold back against the sensational impulse of the mass, all that is needed to ruin him is to point with the finger and cry "old fogy!" This is too often the penalty for independence in thought, stability in judgment, deliberation in action.

I desire to do an act of justice to the surgeons of fifty years ago, by giving them credit for much of the conservatism which is the boast of modern surgery. When I was a student and walking the wards of the old Pennsylvania Hospital in Pine street, Dr. Joseph Parrish being the surgeon, a lad was brought in with a gunshot wound of the leg a few inches below the knee. "You see," said that kindest-hearted of men, addressing the students, "that both bones are carried away, but that the great vessels have escaped. Twenty years ago we should have cut off this leg without hesitation. Then amputations were the boast of the surgeon; now they are his shame. Here is a boy with a long life probably before him. He has a good constitution. We must save that leg if possible." And the leg was saved, and the boy finally walked away without even limping. This was fifty-one years ago.

Much importance was formerly attached to diet, and in many chronic disorders the bill of fare was reduced almost to the point of starvation. The formula for vegetable soup was one potato, one turnip and one onion, boiled one hour in one quart of water. It was told of Dr. Physick, who was then at the head of the profession, that he directed a female patient to live on mush and molasses. The lady inquired if she could have milk with her mush. "Not a drop," was the answer. "Why, doctor," she exclaimed, "I shall not be able to eat any of it." "So much the better, madam," was the sententious reply.

An anecdote that I find in my notes of Professor Chapman's lectures, will serve to illustrate the perseverance which marked the treatment of chronic diseases in those days, and which was especially characteristic of Dr. Physick. Those two distinguished men attended in consultation a patient with some

chronic disease of the knee-joint, which they determined to treat by purging. The case was left entirely to Dr. Physick, at a period when it appeared hopeless. Six months afterwards, a gentleman walked briskly up to Dr. Chapman in the street and saluted him familiarly. But not being recognized, he informed the doctor that he was his old patient of the sore knee, and that he had been perfectly cured by taking one hundred and twenty-seven purges.

Dr. Physick filled the chair of Anatomy when I was a student and was about to retire altogether after a long and honorable career. He would frequently enter in the morning with the recent marks of cupping on his temples, being threatened, as he thought, with paralysis. I well remember the last lecture of his course, in which he protested earnestly against the practice of vivisection.

The old doctors were much better nurses than the modern, and paid more attention to little things connected with the comfort and welfare of their patients. They had a much better personal knowledge of drugs, growing out of the necessity of handling them more than is now done by physicians. And above all they were better versed in dietetics, and had a much wider range of drinks and aliments appropriate to the sick-room. Dr. Rush used to say that every physician ought to spend three months in the kitchen.

An impression prevails that people take less medicine than formerly, and we often hear the remark that doctors do not prescribe it in such quantities and doses as in olden time. This may be true of the doctors, but I think the reverse is true of the people. I suspect there never was a period in history when so much medicine was consumed in various forms and at so great cost in money, as at present. Only the simples and gross articles of former days have given way to an interminable list of patent and proprietary nostrums, which do good sometimes, principally because their ingredients are unknown. Let any one who doubts what I have said, visit our wholesale drug establishments, and he will see them packed from cellar to lofty skylight with such enormous piles of clap-trap trumpery as will cause him to marvel how a community that swallows so much perilous stuff can find room in the stomach for bread.

When the homeopaths whittled down the dose of medicine to

a quantity without length, breadth and thickness, and that divided into millions of parts and mixed with a little sugar, people thought the day of small things in medicine had come, and that the consumption of drugs would be diminished. But the contrary effect has taken place. So easy and so pleasant is it to take homeopathic medicine, that a sort of training in the art is established, and thus something grows out of nothing, and large doses follow. I believe homeopathy, by promoting a taste for medicine, has tended to enlarge the consumption of drugs.

The first stethoscope I ever saw was left at my father's for inspection by a traveling book-agent, together with the first American edition of *Laennec on the Chest*. It was a cylinder made of red cedar, with a bore running through it, and a movable cup or funnel at one end. My boyish curiosity led me to examine it again and again, but I could not in any way connect it with the book, or imagine its purposes. As near as I can recollect, my father made no attempt to use it, nor did one in a hundred doctors give the stethoscope the least attention for some years after it was introduced. The agent never returned for it or for the book. Doubtlessly he found his expected patrons so indifferent or stupid that he retired from the field in disgust, without even gathering up his distributed stock. The modern book-agent was not yet developed.

The speculum was unknown, or at least unemployed in America, until introduced by Dr. Sharpless, less than fifty years ago. Dr. Sharpless went to Paris to complete his medical studies and returned with that instrument, then very simple in its structure. But the innovation was condemned by the Philadelphia doctors, and its sanguine advocate actually lost caste with the profession on account of it. Now a physician would sooner do without a diploma than a speculum.

Soon after beginning the study of medicine, I was placed for a year in a retail drug-store in Philadelphia, for the purpose of acquiring a practical knowledge of the implements of our art. Here I attended a course of lectures in that invaluable institution, then recently founded, the Philadelphia College of Pharmacy—the pioneer and model of many others now in successful operation, including one in our own State. Dr. Geo. B. Wood was Professor of Chemistry, and Dr. Samuel Jackson, of Materia Medica and Pharmacy. It was in that institution that those

eminent men were trained for the duties which they afterwards so honorably discharged as Professors in the University of Pennsylvania. I have always considered the knowledge I acquired in that year as of incalculable value ever afterwards; and on looking back, I would not exchange it for the accumulations of any other year of my life.

Permit me to mention for your benefit, though not in the order of events, another useful experience. My father was in the habit of sending me, almost before the commencement of my student life, to sit up at night with such patients as were very ill and required special attention. On these occasions I was forced to act both as nurse and doctor—to watch the varying symptoms; to note the waning or growing pulse; to observe the respiration; to use my judgment in the administration of medicines—in short, it was a compulsory but valuable exercise of observation and judgment. I would advise every student of medicine to avail himself of such opportunities whenever they offer.

Were I called on to furnish a formula for the training of a practitioner of medicine, I should require good material to begin with, a proper preliminary education, a year in a retail drug-store with a course of lectures on Materia Medica and Chemistry in the College of Pharmacy; six months divided between nursing the sick and cooking for them, and then such a curriculum in a medical school as you have just concluded. And then a year or two of country practice, with its hardships and vicissitudes, would throw a ray of comfort over all future corporeal trials incident to his career. In short, the practice of medicine calls for a greater versatility of power, a greater depth of resources, a wider range of qualifications, than any other occupation among men. A doctor must be a mechanic, a nurse, a cook, a chemist, a pharmacist, an anatomist, a physiologist; he must have the wisdom of Solomon, the patience of Job, the independence of Diogenes, the philanthropy of Howard.

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On my voyage to California twenty-eight years ago, the supply of coal fell short when the steamer was near her destination, and it was necessary to stop somewhere for fuel. Monterey was not far off, but we were enveloped by a dense fog. We had compass and chart and motive power for present purpose, but

we could see nothing. The chart showed two bays, Monterey and Carmel, in close proximity. By heading to the unseen land we should strike one of those bays. But which one? Our captain noticed that the soundings in the former diminished rapidly, but very slowly in the other. The lead was put in requisition and the vessel steered directly to shore, but slowly, for there were five hundred lives at stake. "Twelve fathoms!" cried the man with the lead—"twelve and a half"—"twelve"—and so on, every soul on board listening intently, until at length he announced eleven—ten—eight! Instantly the engine was stopped, and then we heard the roar of the breakers close at hand. We had not stopped a second too soon. Changing the course and moving parallel to the shore, still slowly and with caution, the fog began to lift, and in a few minutes more, as it rose like a mighty curtain, the town of Monterey, bright and beautiful, lay directly before us. We were safe.

My friends! thus will you find yourselves befogged at times, and perhaps often, in the effort to conduct your patients across the sea of disease into the haven of health. Your diagnosis may be clear, your physiological chart distinct, your pathology exact, your therapeutic calculations accurate. But still you are on a dangerous ocean, which requires the exercise of all the powers and faculties within your reach. Be not over-confident in your judgment, or so blindly reliant on your theories and conclusions, or on those of your books and teachers, as to overlook any of the resources of observation and experience. When the horizon is hidden from sight, move only as the plummet of experience indicates the way of safety. And when the skies are dark and no friendly star pierces the gloom to offer its ray to your instrument, look beyond the stars, and remember the God of your fathers!

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